MAR 1 9 2002

PLEASE NOTE: BI

YOU MUST COMPLETE THE FOLLOWING BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	ANALGESIC COMPOSI	TION AND METHO	D			<u>.</u>	
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto,						
Information -	the specification wa	s filed on				as	
For Use Without	United States Appli	cation Number		<u> </u>			
Specification	and amended on				(if applicable) and/or	
Attached:	the specification was filed on				as PCT		
	International Application Number				and was		
	amended on				(if ap	plicable)	
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, a amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application to application by me or my legal representatives or assigns more than twelve months (six months for designs) prior to this application, and that no application in application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for pater or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having the content of the cont						
	a ming date before that o	i the application on	inder Title 35, Unit also identified belo which priority is cla	ed states Code, §119(a)-(d) of any in wany foreign application for paten imed:			
	Prior Foreign Application	tion(s)			Priority C	Llaimed	
Insert Priority	01110000 (en .		14 . 10 .0001	5 7		
information:	01118089.6	China		May 18, 2001	· 🔀	Ü	
(if appropriate)	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No	
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	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No	
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	(Number)	(Country)		(Month/Day/Year Filed)	Yes	No	
anna Brandainna 1	I hereby claim the benefit	under Title 35, Unit	ed States Code, §11	9(e) of any United States provisions	l applications(s) li	isted below.	
nsert Provisional Application(s):	(Application Number)			(Filing Date)	1		
if any)	(rippication realises)	•		(rang bea)		•	
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	(Application Number) (Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
	Country	Appl	ication Number	Date of Filing (Mon	th/Day/Year)		
insert Requested information: (if appropriate)							
C	insofar as the subject m application in the manne information which is ma	atter of each of the r provided by the fir terial to the patentab	claims of this app st paragraph of Titl ility as defined in T	O of any United States and/or PCT oblication is not disclosed in the present of the States Code, \$112, I active 37, Code of Federal Regulations or PCT international filing date of the	ior United States knowledge the du , §1.56 which bec	and/or PCT	
nsert Prior U.S. Application(s): if any)	(Application Number)	(Filin	g Date)	(Status - patented, p	pending, abandon	ed)	
	(Application Number)	(Filin	g Date)	(Status - patented, p	ending abandon	ed)	



I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting pat nt based on instructions received from the entity when first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ull Name of First or Sols Inventor: ngert Name of Inventor ngert Det This Document is Signed	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
nventor neert Dete This Document is Signed	Baoshan KU	Baosham	Ku	18/2/02			
nsert Residence nsert Citi senship →	Residence (City, State & Country)		CITIZENSHIE				
	Beijing, China, 100083	P.R China					
nsert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	241 Physiology Building, Beijing Medical University, Beijing, China, 100083						
ull Name of Second Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
see above	Frank Hay Kong SHUM						
	Residence (City, State & Country)	<u> </u>	CITIZENSHIE)			
	North Point, Hong Kong	Canada					
	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	Unit A, 34/F, Manulife Tower, 169 Electric Road, North Point, Hong Kong						
ull Name of Third Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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ull Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
Inventor, if any:		INVENTOR'S SIGNATURE	CITIZENSHIP				
Inventor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	CITIZENSHIP				
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Inventor, if any:	Residence (City, State & Country)		CITIZENSHIP				
Inventor, if any: see above Ill Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i	including City, State & Country)		DATE			
Inventor, if any: see above Ill Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i	including City, State & Country)	CITIZENSHIP	DATE			
Inventor, if any: see above Ill Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i GIVEN NAME/FAMILY NAME Residence (City, State & Country)	including City, State & Country) INVENTOR'S SIGNATURE		DATE			
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Inventor, if any: see above Ill Name of Fifth Inventor, if any:	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i GIVEN NAME/FAMILY NAME Residence (City, State & Country)	including City, State & Country) INVENTOR'S SIGNATURE		DATE			
Inventor, if any: all Name of Fifth Inventor, if any: see above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address i GIVEN NAME/FAMILY NAME	Including City, State & Country) INVENTOR'S SIGNATURE Including City, State & Country)		DATE*			
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Page 2 of 2 (Rev. 12/19/01)

*DATE OF SIGNATURE



BIRCH, STEWART, KOLASCH & BIRCH, LLP

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	ANALGESIC COMPOSI	TION AND METHOD					
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto,						
Information -							
For Use Without	the specification was filed onas United States Application Number						
Specification	and amended on _			(if applicable) and/or			
Attached:	the specification wa	s filed on		as PCT			
			; and was				
	amended on (if applicable)						
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, a amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federa Regulations, §1.56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention.						
	thereof, nor patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my lega representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) of any foreign application(s) for pater or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having the priority inventor's certificate is the subject of the subject of an inventor inventor inventor inventor's certificate having the priority benefits under Title 35. United States Code, §119(a)-(d) of any foreign application(s) for pater or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having the priority benefits under Title 35.						
	a filing date before that	of the application on which prior	ity is claimed:				
	Prior Foreign Applica	tion(s)		Priority Claimed			
Insert Priority	01110000 6	Chi	May 18, 2001				
Information:	01118089.6 (Number)	China (Country)	(Month/Day/Year Filed)	Yes No			
(if appropriate)	(Ivanioci)	(country)	(,, ,,	<u> </u>			
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	(Number)	(Country)	(Month/Day/Year Filed)	Yes No			
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	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.						
Innert President							
Insert Provisional Application(s): (if any)	(Application Number)		(Filing Date)				
	(Application Number)		(Filing Date)	·			
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:						
	Country	Application Nu	mber Date of Filing (Mo	nth/Day/Year)			
Insert Requested Information: (if appropriate)		<u> </u>					
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States and/or PCT application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.						
Insert Prior U.S.							
Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented,	pending, abandoned)			
	(Application Number)	(Filing Date)	(Status - patented,	pending, abandoned)			
Page 1 of 2	/ PP	(6)	<u> </u>	(Rev. 12/19/01)			
J							

Attorney Docket No. 3519-0115P

I hereby appoint the practitioners at CUSTOMER NO. 2292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

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Full Name of First or Sole Inventor: Insert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
ull Name of First or Sole Inventor: ngert Name of Inventor ngert State This Document is Signed	Baoshan KU						
Insert Residence	Residence (City, State & Country)	•	CITIZENSHII	,			
Insert Citizenship →	Beijing, China, 100083	P.R China					
insert Post Office Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)						
	241 Physiology Building, Beijing Medical University, Beijing, China, 100083						
Full Name of Second Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Frank Hay Kong SHUM			2002.02.05			
	Residence (City, State & Country)		CITIZENSHII				
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	Unit A, 34/F, Manulife Tower, 169 Electric Road	, North Point, Hong Kong					
Full Name of Third Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE			
	Residence (City, State & Country)		CITIZENSHII	•			
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Full Name of Fourth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
	Residence (City, State & Country)		CITIZENSHII	•			
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Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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	MAILING ADDRESS (Complete Street Address including City, State & Country)						
Full Name of Sixth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*			
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